



ANNUAL STATEMENT

For the Year Ending December 31, 2008

OF THE CONDITION AND AFFAIRS OF THE

Care Improvement Plus South Central Insurance Company

NAIC Group Code	4443	4443	NAIC Company Code	12567	Employer's ID Number	20-3888112
	(Current Period)	(Prior Period)				
Organized under the Laws of	Arkansas		State of Domicile or Port of Entry	Arkansas		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X] Property/Casualty[] Hospital, Medical & Dental Service or Indemnity[] Dental Service Corporation[] Vision Service Corporation[] Health Maintenance Organization[] Other[] Is HMO Federally Qualified? Yes[] No[X] N/A[]					
Incorporated/Organized	01/13/2006		Commenced Business	01/01/2007		
Statutory Home Office	400 West Capitol, Suite 2000		Little Rock, AR 72201			
	(Street and Number)		(City or Town, State and Zip Code)			
Main Administrative Office	351 W. Camden Street, Suite 100					
	Baltimore, MD 21201		(410)625-2200			
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	351 W. Camden Street, Suite 100		Baltimore, MD 21201			
	(Street and Number or P.O. Box)		(City or Town, State and Zip Code)			
Primary Location of Books and Records	351 W. Camden Street, Suite 100					
	Baltimore, MD 21201		(410)625-2200			
	(City or Town, State and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	www.xlhealth.com					
Statutory Statement Contact	Justin M. Jarkowski		(443)524-8929			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	jjarkowski@xlhealth.com		(410)244-8347			
	(E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title
Frederick Clark Dunlap	Chairman, CEO & President
Paul Anthony Serini	Secretary & EVP
Mete Sahin	Treasurer & CFO
Frederick Porter Dodson	Assistant Secretary & EVP
Daniel Jay Friedman	Assistant Secretary & CLO
Suresh Ramakrishnan	CIO
Laura June Ciavola	Senior VP of Claims & Systems Intergration
Robb Andrew Cohen	CGAO

OTHERS

DIRECTORS OR TRUSTEES

Frederick Clark Dunlap

Frederick Porter Dodson #

Paul Anthony Serini

State of

County of

ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Frederick Clark Dunlap	Paul Anthony Serini	Mete Sahin
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
Chairman, CEO & President	Secretary & EVP	Treasurer & CFO
(Title)	(Title)	(Title)

Subscribed and sworn to before me this

day of

, 2009

a. Is this an original filing?

b. If no,

1. State the amendment number

2. Date filed

3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	354,445	311,139	(16,091)	2,728,067	2,881,378	496,182
0299998 Premium due and unpaid not individually listed						
0299999 Total group						
0399999 Premiums due and unpaid from Medicare entities	9,212,938					9,212,938
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13) .	9,567,384	311,139	(16,091)	2,728,067	2,881,378	9,709,120

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	735,253	743,078	621,579			2,099,910
0199999 Subtotal - Pharmaceutical Rebate Receivables	735,253	743,078	621,579			2,099,910
0299998 Claim Overpayment Receivables - Not Individually Listed				3,742,578	3,742,578	
0299999 Subtotal - Claim Overpayment Receivables				3,742,578	3,742,578	
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed	77,683	12,145	(11,702)	387,561	465,687	
0699999 Subtotal - Other Receivables	77,683	12,145	(11,702)	387,561	465,687	
0799999 Gross health care receivables	812,936	755,223	609,877	4,130,139	4,208,265	2,099,910

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	8,270,195	849,104	474,751	335,655	221,880	10,151,585
0499999 Subtotals	8,270,195	849,104	474,751	335,655	221,880	10,151,585
0599999 Unreported claims and other claim reserves						98,532,105
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						108,683,690
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
XL Health Corporation	6,213,607					6,213,607	
0199999 Total - Individually listed receivables	6,213,607					6,213,607	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	6,213,607					6,213,607	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	<div>NONE</div>			
0399999 Total gross payables X X X

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries	4,184,138	0.611	45,386	100.000		4,184,138
3. All other providers						
4. Total capitation payments	4,184,138	0.611	45,386	100.000		4,184,138
Other Payments:						
5. Fee-for-service			X X X	X X X		
6. Contractual fee payments	681,081,135	99.389	X X X	X X X		681,081,135
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments			X X X	X X X		
12. Total other payments	681,081,135	99.389	X X X	X X X		681,081,135
13. Total (Line 4 plus Line 12)	685,265,273	100.000	X X X	X X X		685,265,273

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
00000	MTM	1,129,711	94,143		
00000	Avesis	3,054,428	254,536		
9999999		4,184,139	X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment
2.	Medical furniture, equipment and fixtures	N O N E	
3.	Pharmaceuticals and surgical supplies
4.	Durable medical equipment
5.	Other property and equipment
6.	Total



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR
NAIC Group Code 4443 NAIC Company Code 12567

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	11,605							11,605		
2. First Quarter	7,992							7,992		
3. Second Quarter	7,458							7,458		
4. Third Quarter	7,457							7,457		
5. Current Year	7,368							7,368		
6. Current Year Member Months	93,342							93,342		
Total Member Ambulatory Encounters for Year:										
7. Physician	272,489							272,489		
8. Non-Physician	46,424							46,424		
9. Total	318,913							318,913		
10. Hospital Patient Days Incurred	35,410							35,410		
11. Number of Inpatient Admissions	4,699							4,699		
12. Health Premiums Written (b)	123,203,875							123,203,875		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	123,203,875							123,203,875		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	119,770,369							119,770,369		
18. Amount Incurred for Provision of Health Care Services	113,061,669							113,061,669		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....118,377,791



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR
NAIC Group Code 4443 NAIC Company Code 12567

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	19,782							19,782		
2. First Quarter	14,469							14,469		
3. Second Quarter	14,440							14,440		
4. Third Quarter	15,226							15,226		
5. Current Year	15,501							15,501		
6. Current Year Member Months	180,315							180,315		
Total Member Ambulatory Encounters for Year:										
7. Physician	526,386							526,386		
8. Non-Physician	89,679							89,679		
9. Total	616,065							616,065		
10. Hospital Patient Days Incurred	68,405							68,405		
11. Number of Inpatient Admissions	9,078							9,078		
12. Health Premiums Written (b)	238,252,759							238,252,759		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	238,252,759							238,252,759		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	249,944,110							249,944,110		
18. Amount Incurred for Provision of Health Care Services	235,943,984							235,943,984		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....231,568,816



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 4443

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Company Code 12567

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,251							6,251		
2. First Quarter	3,785							3,785		
3. Second Quarter	3,477							3,477		
4. Third Quarter	3,572							3,572		
5. Current Year	3,545							3,545		
6. Current Year Member Months	44,581							44,581		
Total Member Ambulatory Encounters for Year:										
7. Physician	130,142							130,142		
8. Non-Physician	22,172							22,172		
9. Total	152,314							152,314		
10. Hospital Patient Days Incurred	16,912							16,912		
11. Number of Inpatient Admissions	2,244							2,244		
12. Health Premiums Written (b)	58,804,175							58,804,175		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	58,804,175							58,804,175		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	54,144,360							54,144,360		
18. Amount Incurred for Provision of Health Care Services	51,111,571							51,111,571		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....56,499,561



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
NAIC Group Code 4443 BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR NAIC Company Code 12567

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	19,620							19,620		
2. First Quarter	16,574							16,574		
3. Second Quarter	16,696							16,696		
4. Third Quarter	18,396							18,396		
5. Current Year	18,972							18,972		
6. Current Year Member Months	210,371							210,371		
Total Member Ambulatory Encounters for Year:										
7. Physician	614,128							614,128		
8. Non-Physician	104,628							104,628		
9. Total	718,756							718,756		
10. Hospital Patient Days Incurred	79,807							79,807		
11. Number of Inpatient Admissions	10,591							10,591		
12. Health Premiums Written (b)	278,204,313							278,204,313		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	278,204,313							278,204,313		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	261,406,434							261,406,434		
18. Amount Incurred for Provision of Health Care Services	246,764,268							246,764,268		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....270,417,011



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
NAIC Group Code 4443 BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR NAIC Company Code 12567

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	57,258							57,258		
2. First Quarter	42,820							42,820		
3. Second Quarter	42,071							42,071		
4. Third Quarter	44,651							44,651		
5. Current Year	45,386							45,386		
6. Current Year Member Months	528,609							528,609		
Total Member Ambulatory Encounters for Year:										
7. Physician	1,543,145							1,543,145		
8. Non-Physician	262,903							262,903		
9. Total	1,806,048							1,806,048		
10. Hospital Patient Days Incurred	200,534							200,534		
11. Number of Inpatient Admissions	26,612							26,612		
12. Health Premiums Written (b)	698,465,122							698,465,122		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	698,465,122							698,465,122		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	685,265,273							685,265,273		
18. Amount Incurred for Provision of Health Care Services	646,881,492							646,881,492		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....676,863,179

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0399999 Totals

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
21970 ...	23-1502700 ...	01/01/2008	ONEBEACON INS CO	Minnetonka, MN	632,155	
0599999 Total - Accident and Health, Non-Affiliates					632,155	
0699999 Totals - Accident and Health					632,155	
0799999 Totals - Life, Annuity and Accident and Health					632,155	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Non-Affiliates												
21970 ...	23-1502700 ...	01/01/2008	ONEBEACON INS CO	Minnetonka, MN	SSL/A/I	5,815,030
0299999 Subtotal - Authorized General Account - Non-Affiliates						5,815,030
0399999 Total - Authorized General Account						5,815,030
0799999 Total - Authorized and Unauthorized General Account						5,815,030
1599999 Totals						5,815,030

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				NONE									
1199999 Totals (General Account and Separate Accounts combined)

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	5,815	3,678			
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	611	171			
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	632	171			
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	142,126,251		142,126,251
2. Accident and health premiums due and unpaid (Line 13)	41,003,436		41,003,436
3. Amounts recoverable from reinsurers (Line 14.1)	632,155	(632,155)	
4. Net credit for ceded reinsurance	X X X	632,155	632,155
5. All other admitted assets (Balance)	8,788,775		8,788,775
6. Total assets (Line 26)	192,550,617		192,550,617
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	108,683,690		108,683,690
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)			
11. Reinsurance in unauthorized companies (Line 18)			
12. All other liabilities (Balance)	23,831,209		23,831,209
13. Total liabilities (Line 22)	132,514,899		132,514,899
14. Total capital and surplus (Line 31)	60,035,719	X X X	60,035,719
15. Total liabilities, capital and surplus (Line 32)	192,550,618		192,550,618
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses	632,155		
20. Other ceded reinsurance recoverables			
21. Total ceded reinsurance recoverables	632,155		
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers ...			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. Total ceded reinsurance payables/offsets			
27. Total net credit for ceded reinsurance	632,155		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y (Continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 00000 52-2102846 ..	XLHEALTH CORPORATION (119,100,000) 157,341,768 38,241,768
.. 12567 20-3888112 ..	CARE IMPROVEMENT PLUS S CENTRAL INS 70,700,000 (101,492,928) (30,792,928)
.. 12313 20-2412936 ..	CARE IMPROVEMENT PLUS OF MD INC 13,700,000 (9,796,640) 3,903,360
.. 12558 20-2576806 ..	CARE IMPROVEMENT PLUS OF TX INS CO 34,700,000 (46,052,200) (11,352,200)
9999999 Totals	X X X

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

Yes
2. Will an actuarial opinion be filed by March 1?

Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?

Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?

Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?

Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

No
10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

No
11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

No
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

No
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

No
15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

No

APRIL FILING

16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

No
17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

No
18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

No

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



Health Life Supplement



Health Property / Casualty Supplement



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



LTC Experience Reporting Form C



Health Life Supplement - LHA Guaranty Association Reconciliation



Health Property / Casualty Supplement



OVERFLOW PAGE FOR WRITE-INS



12567200836500100

Medicare Part D Coverage Supplement
(Net of Reinsurance)
(To be Filed By March 1)

NAIC Group Code: 4443

NAIC Company Code: 12567

Write Group Code: F110		Individual Coverage		Group Coverage		5 Total Cash
		1	2	3	4	
		Insured	Uninsured	Insured	Uninsured	
1.	Premiums Collected					
1.1	Standard Coverage					
1.11	With Reinsurance Coverage		X X X		X X X	
1.12	Without Reinsurance Coverage		X X X		X X X	
1.13	Risk-Corridor Payment Adjustments		X X X		X X X	
1.2	Supplemental Benefits		X X X		X X X	
2.	Premiums Due and Uncollected - change					
2.1	Standard Coverage					
2.11	With Reinsurance Coverage		X X X		X X X	X X X
2.12	Without Reinsurance Coverage		X X X		X X X	X X X
2.2	Supplemental Benefits		X X X		X X X	X X X
3.	Unearned Premium and Advance Premium - change					
3.1	Standard Coverage					
3.11	With Reinsurance Coverage		X X X		X X X	X X X
3.12	Without Reinsurance Coverage		X X X		X X X	X X X
3.2	Supplemental Benefits		X X X		X X X	X X X
4.	Risk-Corridor Payment Adjustments - change					
4.1	Receivable		X X X		X X X	X X X
4.2	Payable		X X X		X X X	X X X
5.	Earned Premiums					
5.1	Standard Coverage					
5.11	With Reinsurance Coverage		X X X		X X X	X X X
5.12	Without Reinsurance Coverage		X X X		X X X	X X X
5.13	Risk-Corridor Payment Adjustments		X X X		X X X	X X X
5.2	Supplemental Benefits		X X X		X X X	X X X
6.	Total Premiums		X X X		X X X	
7.	Claims Paid					
7.1	Standard Coverage					
7.11	With Reinsurance Coverage		X X X		X X X	
7.12	Without Reinsurance Coverage		X X X		X X X	
7.2	Supplemental Benefits		X X X		X X X	
8.	Claim Reserves and Liabilities - change					
8.1	Standard Coverage					
8.11	With Reinsurance Coverage		X X X		X X X	X X X
8.12	Without Reinsurance Coverage		X X X		X X X	X X X
8.2	Supplemental Benefits		X X X		X X X	X X X
9.	Healthcare Receivables - change					
9.1	Standard Coverage					
9.11	With Reinsurance Coverage		X X X		X X X	X X X
9.12	Without Reinsurance Coverage		X X X		X X X	X X X
9.2	Supplemental Benefits		X X X		X X X	X X X
10.	Claims Incurred					
10.1	Standard Coverage					
10.11	With Reinsurance Coverage		X X X		X X X	X X X
10.12	Without Reinsurance Coverage		X X X		X X X	X X X
10.2	Supplemental Benefits		X X X		X X X	X X X
11.	Total Claims		X X X		X X X	
12.	Reinsurance Coverage and Low Income Cost Sharing					
12.1	Claims Paid - net to reimbursements applied	X X X		X X X		
12.2	Reimbursements Received but Not Applied - change	X X X		X X X		
12.3	Reimbursements Receivable - change	X X X		X X X		X X X
12.4	Healthcare Receivables - change	X X X		X X X		X X X
13.	Aggregate Policy Reserves - change					X X X
14.	Expenses Paid		X X X		X X X	
15.	Expenses Incurred		X X X		X X X	X X X
16.	Underwriting Gain/Loss		X X X		X X X	X X X
17.	Cash Flow Results	X X X	X X X	X X X	X X X	



LIFE SUPPLEMENTS

To Be Filed By March 1

For the Year

NONE

 2008

Of The Care Improvement Plus South Central Insurance Company Insurance Company

Address (City, State and Zip Code) Little Rock, AR 72201

NAIC Group Code 4443 NAIC Company Code 12567 Employer's ID Number 20-3888112

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
<div>NONE</div>					
9999999 Totals - (Net) -Page 3, Line 1

NONE

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts?
1.2 If not, state which kind is issued.

Yes[] No[X]

2.1 Does the reporting entity at present issue both participating and non-participating contracts?
2.2 If not, state which kind is issued.

Yes[] No[X]

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

Yes[] No[X]

4. Has the reporting entity any assessment or stipulated premium contracts in force?
If so, state:
4.1 Amount of insurance?
4.2 Amount of reserve?
4.3 Basis of reserve
4.4 Basis of regular assessments
4.5 Basis of special assessments
4.6 Assessments collected during the year

Yes[] No[X]

\$ 0
\$ 0

\$ 0

5. If the contract loan interest rate guaranteed in any one or more of its contracts is more than 5%, not in advance, state the contract loan rate guarantees on any such contracts

NONE

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?
6.1 If so, state the amount of reserve on such contracts on the basis actually held:
6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1, and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:
Attach statement of methods employed in their valuation.

Yes[] No[X]
\$ 0

\$ 0

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?
7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements?
7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount
7.3 State the amount of reserves established for this business:
7.4 Identify where the reserves are reported in the blank

Yes[] No[X]
\$ 0

\$ 0

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance
2. Deposits received during the year
3. Investment earnings credited to the account
4. Other net change in reserves
5. Fees and other charges assessed
6. Surrender charges
7. Net surrender or withdrawal payments
8. Other net transfers to or (from) Separate Accounts
9. Balance at the end of current year before reinsurance (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8)
10. Reinsurance balance at the beginning of the year
11. Net change in reinsurance assumed
12. Net change in reinsurance ceded
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12)
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)

NONE

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Amount of In force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0799999 Totals

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability
Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type of Reinsurance Ceded	7 Amount in Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
NONE													
1599999 Totals



PROPERTY / CASUALTY SUPPLEMENTS

(To Be Filed On Or Before March 1)

For the Year

NONE

 2008

Of The Care Improvement Plus South Central Insurance Company Insurance Company

Address (City, State and Zip Code) Little Rock, AR 72201

NAIC Group Code 4443 NAIC Company Code 12567 Employer's ID Number 20-3888112

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
Federal ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	6	7	8	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
					Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Columns 6 + 7							
					NONE									
9999999 Totals														

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18 Net Amount Recoverable From Rein- surers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Columns 7 thru 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		
9999999 Totals	

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1)
2)
3)
4)
5)

NONE

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1)	Yes[] No[X] ...
2)	Yes[] No[X] ...
3)	Yes[] No[X] ...
4)	Yes[] No[X] ...
5)	Yes[] No[X] ...

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Care Improvement Plus South Central Insurance Company

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES

SCHEDULE P - PART 1 - SUMMARY

(\$000 omitted)												
Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior X X X X X X X X X X X X ...
2. 1999 X X X ...
3. 2000 X X X ...
4. 2001 X X X ...
5. 2002 X X X ...
6. 2003 X X X ...
7. 2004 X X X ...
8. 2005 X X X ...
9. 2006 X X X ...
10. 2007 X X X ...
11. 2008 X X X ...
12. Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR							
	13	14	15	16	17	18	19	20	21	22				Salvage and Subrogation Anticipated
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior						NONE							.. X X X ..	
2. 1999														.. X X X ..
3. 2000														.. X X X ..
4. 2001													.. X X X ..	
5. 2002													.. X X X ..	
6. 2003													.. X X X ..	
7. 2004													.. X X X ..	
8. 2005													.. X X X ..	
9. 2006													.. X X X ..	
10. 2007													.. X X X ..	
11. 2008													.. X X X ..	
12. Totals													.. X X X ..	

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 1999
3. 2000
4. 2001
5. 2002
6. 2003
7. 2004
8. 2005
9. 2006
10. 2007
11. 2008
12. Totals X X X X X X X X X X X X X X X X X X X X X

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

SCHEDULE P - PART 1A
HOMEOWNERS/FARMOWNERS

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...			
2.	1999	
3.	2000	
4.	2001	
5.	2002	
6.	2003	
7.	2004	
8.	2005	
9.	2006	
10.	2007	
11.	2008	
12.	Totals X X X X X X X X X X X X X X X X X X X X X	

SCHEDULE P - PART 1B
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
		13	14	15	16	17	18	19	20	21	22			
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	N O N E					
2. 1999		
3. 2000		
4. 2001		
5. 2002		
6. 2003			
7. 2004			
8. 2005			
9. 2006			
10. 2007			
11. 2008			
12. Totals			

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X	X X X
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1C
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
		13	14	15	16	17	18	19	20	21	22			
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	NONE					
2. 1999	NONE					
3. 2000	NONE					
4. 2001	NONE					
5. 2002	NONE					
6. 2003	NONE					
7. 2004	NONE					
8. 2005	NONE					
9. 2006	NONE					
10. 2007	NONE					
11. 2008	NONE					
12. Totals	NONE					

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1D
WORKERS' COMPENSATION

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...			
2.	1999	
3.	2000	
4.	2001	
5.	2002	
6.	2003	
7.	2004	
8.	2005	
9.	2006	
10.	2007	
11.	2008	
12.	Totals X X X X X X X X X X X X X X X X X X X X X	

SCHEDULE P - PART 1E
COMMERCIAL MULTIPLE PERIL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
		13	14	15	16	17	18	19	20	21	22			
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	N O N E					
2. 1999		
3. 2000		
4. 2001		
5. 2002		
6. 2003			
7. 2004			
8. 2005			
9. 2006			
10. 2007			
11. 2008			
12. Totals			

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X	
2.	1999	
3.	2000	
4.	2001	
5.	2002	
6.	2003	
7.	2004	
8.	2005	
9.	2006	
10.	2007	
11.	2008	
12.	Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1F - SECTION 1
MEDICAL MALPRACTICE - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
		13	14	15	16	17	18	19	20	21	22			
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	NONE				
2. 1999	NONE				
3. 2000	NONE				
4. 2001	NONE				
5. 2002	NONE				
6. 2003	NONE				
7. 2004	NONE				
8. 2005	NONE				
9. 2006	NONE				
10. 2007	NONE				
11. 2008	NONE				
12. Totals	NONE				

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1F - SECTION 2
MEDICAL MALPRACTICE - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...			
2.	1999 ...											
3.	2000 ...											
4.	2001 ...											
5.	2002 ...											
6.	2003 ...											
7.	2004 ...											
8.	2005 ...											
9.	2006 ...											
10.	2007 ...											
11.	2008 ...											
12.	Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1G
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999												... X X X ...
3.	2000												... X X X ...
4.	2001												... X X X ...
5.	2002												... X X X ...
6.	2003												... X X X ...
7.	2004												... X X X ...
8.	2005												... X X X ...
9.	2006												... X X X ...
10.	2007												... X X X ...
11.	2008												... X X X ...
12.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...			
2.	1999 ...											
3.	2000 ...											
4.	2001 ...											
5.	2002 ...											
6.	2003 ...											
7.	2004 ...											
8.	2005 ...											
9.	2006 ...											
10.	2007 ...											
11.	2008 ...											
12.	Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1H - SECTION 1
OTHER LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...		
2.	1999 ...										
3.	2000 ...										
4.	2001 ...										
5.	2002 ...										
6.	2003 ...										
7.	2004 ...										
8.	2005 ...										
9.	2006 ...										
10.	2007 ...										
11.	2008 ...										
12.	Totals X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Care Improvement Plus South Central Insurance Company

SCHEDULE P - PART 1H - SECTION 2

OTHER LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...			
2.	1999 ...											
3.	2000 ...											
4.	2001 ...											
5.	2002 ...											
6.	2003 ...											
7.	2004 ...											
8.	2005 ...											
9.	2006 ...											
10.	2007 ...											
11.	2008 ...											
12.	Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1I

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2007 X X X ...
3.	2008 X X X ...
4.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis	NONE		21	22				
	13	14	15	16						17			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded						Direct and Assumed			
1. Prior											Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
2. 2007													
3. 2008													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2007		
3. 2008		
4. Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1J
AUTO PHYSICAL DAMAGE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2007
3.	2008
4.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25		
	Case Basis		Bulk + IBNR		Case Basis	NONE									
	13	14	15	16						17				21	22
	Direct and Assumed	Ceded	Direct and Assumed	Ceded						Direct and Assumed				Direct and Assumed	Ceded
1. Prior		
2. 2007		
3. 2008		
4. Totals		

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X ...		
2.	2007		
3.	2008		
4.	Totals	... X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Care Improvement Plus South Central Insurance Company

SCHEDULE P - PART 1K

FIDELITY/SURETY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2007 X X X ...
3.	2008 X X X ...
4.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis	NONE		21	22				
	13	14	15	16									
	Direct and Assumed	Ceded	Direct and Assumed	Ceded									
1. Prior											Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
2. 2007													
3. 2008													
4. Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X ...		
2.	2007		
3.	2008		
4.	Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1L
OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2007 X X X ...
3.	2008 X X X ...
4.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis								
	13	14	15	16	17	NONE		21	22				
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior
2. 2007
3. 2008
4. Totals

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X X X X
2.	2007
3.	2008
4.	Totals X X X X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1M
INTERNATIONAL

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999 X X X ...
3.	2000 X X X ...
4.	2001 X X X ...
5.	2002 X X X ...
6.	2003 X X X ...
7.	2004 X X X ...
8.	2005 X X X ...
9.	2006 X X X ...
10.	2007 X X X ...
11.	2008 X X X ...
12.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
		Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
		13	14	15	16	17	18	19	20					
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	N O N E			
2. 1999	
3. 2000	
4. 2001	
5. 2002	
6. 2003	
7. 2004	
8. 2005	
9. 2006	
10. 2007	
11. 2008	
12. Totals	

NONE

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X	
2.	1999	
3.	2000	
4.	2001	
5.	2002	
6.	2003	
7.	2004	
8.	2005	
9.	2006	
10.	2007	
11.	2008	
12.	Totals X X X X X X X X X X X X X X X X X X X X X	

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Care Improvement Plus South Central Insurance Company

SCHEDULE P - PART 1N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999												... X X X ...
3.	2000												... X X X ...
4.	2001												... X X X ...
5.	2002												... X X X ...
6.	2003												... X X X ...
7.	2004												... X X X ...
8.	2005												... X X X ...
9.	2006												... X X X ...
10.	2007												... X X X ...
11.	2008												... X X X ...
12.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid					
	13	14	15	16	17	18	19	20	21	22				
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior						NONE								
2. 1999														
3. 2000														
4. 2001														
5. 2002														
6. 2003														
7. 2004														
8. 2005														
9. 2006														
10. 2007														
11. 2008														
12. Totals														

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...		
2.	1999 ...										
3.	2000 ...										
4.	2001 ...										
5.	2002 ...										
6.	2003 ...										
7.	2004 ...										
8.	2005 ...										
9.	2006 ...										
10.	2007 ...										
11.	2008 ...										
12.	Totals X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Care Improvement Plus South Central Insurance Company

SCHEDULE P - PART 10 - REINSURANCE

NONPROPORTIONAL ASSUMED LIABILITY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999												... X X X ...
3.	2000												... X X X ...
4.	2001												... X X X ...
5.	2002												... X X X ...
6.	2003												... X X X ...
7.	2004												... X X X ...
8.	2005												... X X X ...
9.	2006												... X X X ...
10.	2007												... X X X ...
11.	2008												... X X X ...
12.	Totals	... X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid					
	13	14	15	16	17	18	19	20	21	22				
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior						NONE								.. X X X ..
2. 1999														.. X X X ..
3. 2000														.. X X X ..
4. 2001														.. X X X ..
5. 2002														.. X X X ..
6. 2003														.. X X X ..
7. 2004														.. X X X ..
8. 2005														.. X X X ..
9. 2006														.. X X X ..
10. 2007														.. X X X ..
11. 2008														.. X X X ..
12. Totals														.. X X X ..

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X ...		
2.	1999 ...										
3.	2000 ...										
4.	2001 ...										
5.	2002 ...										
6.	2003 ...										
7.	2004 ...										
8.	2005 ...										
9.	2006 ...										
10.	2007 ...										
11.	2008 ...										
12.	Totals X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Care Improvement Plus South Central Insurance Company

SCHEDULE P - PART 1P - REINSURANCE

NONPROPORTIONAL ASSUMED FINANCIAL LINES

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999 X X X ...
3.	2000 X X X ...
4.	2001 X X X ...
5.	2002 X X X ...
6.	2003 X X X ...
7.	2004 X X X ...
8.	2005 X X X ...
9.	2006 X X X ...
10.	2007 X X X ...
11.	2008 X X X ...
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR							
	13	14	15	16	17	18	19	20	21	22				
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior						NONE						.. X X X ..		
2. 1999														.. X X X ..
3. 2000														.. X X X ..
4. 2001														.. X X X ..
5. 2002														.. X X X ..
6. 2003											.. X X X ..			
7. 2004											.. X X X ..			
8. 2005											.. X X X ..			
9. 2006											.. X X X ..			
10. 2007											.. X X X ..			
11. 2008											.. X X X ..			
12. Totals											.. X X X ..			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	Prior X X X X X X X X X X X X X X X X X X
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X X X X X X X

SCHEDULE P - PART 1R - SECTION 1
PRODUCTS LIABILITY - OCCURRENCE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior X X X X X X X X X X X X ...
2. 1999
3. 2000
4. 2001
5. 2002
6. 2003
7. 2004
8. 2005
9. 2006
10. 2007
11. 2008
12. Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior	NONE		
2. 1999
3. 2000
4. 2001
5. 2002
6. 2003
7. 2004
8. 2005
9. 2006
10. 2007
11. 2008
12. Totals

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X
2. 1999
3. 2000
4. 2001
5. 2002
6. 2003
7. 2004
8. 2005
9. 2006
10. 2007
11. 2008
12. Totals	... X X X X X X X X X X X X X X X X X X X X X

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Care Improvement Plus South Central Insurance Company

SCHEDULE P - PART 1R - SECTION 2

PRODUCTS LIABILITY - CLAIMS - MADE

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported - Direct and Assumed
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	1999
3.	2000
4.	2001
5.	2002
6.	2003
7.	2004
8.	2005
9.	2006
10.	2007
11.	2008
12.	Totals X X X X X X X X X X X X ...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Expenses Unpaid				
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior						NONE							
2. 1999													
3. 2000													
4. 2001													
5. 2002													
6. 2003													
7. 2004													
8. 2005													
9. 2006													
10. 2007													
11. 2008													
12. Totals													

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 1999 ...											
3. 2000 ...											
4. 2001 ...											
5. 2002 ...											
6. 2003 ...											
7. 2004 ...											
8. 2005 ...											
9. 2006 ...											
10. 2007 ...											
11. 2008 ...											
12. Totals X X X X X X X X X X X X X X X X X X X X X ...		

SCHEDULE P - PART 1S
FINANCIAL GUARANTY/MORTGAGE GUARANTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed				
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)					
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded							
1.	Prior	...	X X X	...	X X X	...	X X X	X X X	...
2.	2007	...	X X X	...	X X X	X X X	...
3.	2008	...	X X X	...	X X X	X X X	...
4.	Totals	...	X X X	...	X X X	X X X	...

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis	NONE		21	22				
	13	14	15	16						17			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded						Direct and Assumed			
1. Prior											Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
2. 2007													
3. 2008													
4. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...		
2. 2007 ...											
3. 2008 ...											
4. Totals X X X X X X X X X X X X X X X X X X X X X ...		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Care Improvement Plus South Central Insurance Company

SCHEDULE P - PART 1T

WARRANTY

(\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred		Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported - Direct and Assumed
		1 Direct and Assumed	2 Ceded	3 Net (Columns 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	
					4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1.	Prior X X X X X X X X X X X X ...
2.	2007
3.	2008
4.	Totals X X X X X X X X X X X X ...

		Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Expenses Unpaid		23	24	25
		Case Basis		Bulk + IBNR		Case Basis				21	22			
		13	14	15	16	17	NONE							
		Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed			Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed	
1.	Prior													
2.	2007													
3.	2008													
4.	Totals													

		Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company	Net Balance Sheet Reserves After Discount	
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Pooling Participation Percentage	35	36
											Losses	Loss Expenses
											Unpaid	Unpaid
1. Prior X X X X X X X X X X X X X X X X X X X X X ...			
2. 2007	
3. 2008	
4. Totals X X X X X X X X X X X X X X X X X X X X X	

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	One Year	Two Year
1. Prior
2. 1999
3. 2000 X X X
4. 2001 X X X X X X
5. 2002 X X X X X X X X X
6. 2003 X X X X X X X X X X X X ..	NONE		
7. 2004 X X X X X X X X X X X X
8. 2005 X X X X X X X X X X X X
9. 2006 X X X X X X X X X X X X X X X X X X X X X
10. 2007 X X X X X X X X X X X X X X X X X X X X X X X X X X X ..
11. 2008 X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X ..
12. TOTALS

SCHEDULE P - PART 2A
HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2B
PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2C
COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2D
WORKERS' COMPENSATION

1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2E
COMMERCIAL MULTIPLE PERIL

1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2F - SECTION 1
MEDICAL MALPRACTICE - OCCURRENCE

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2F - SECTION 2
MEDICAL MALPRACTICE - CLAIMS MADE

1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2G
SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2H - SECTION 1
OTHER LIABILITY - OCCURRENCE

1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2H - SECTION 2
OTHER LIABILITY - CLAIMS-MADE

1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX									
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX								
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2I

SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 1999	2 2000	3 2001	4 2002	5 2003	6 2004	7 2005	8 2006	9 2007	10 2008	11 One Year	12 Two Year
1. Prior X X X X X X X X X X X X ..	N O N E			... X X X
2. 2007 X X X X X X X X X X X X X X X X X X ..
3. 2008 X X X X X X X X X X X X X X X X X X X X X X X X ..
4. TOTALS												

SCHEDULE P - PART 2J

AUTO PHYSICAL DAMAGE

1.	Prior X X X X X X X X X X X X ..	N O N E	... X X X	
2.	2007 X X X X X X X X X X X X X X X X X X X X X ..	
3.	2008 X X X X X X X X X X X X X X X X X X X X X X X X ..	
4.	TOTALS											

SCHEDULE P - PART 2K

FIDELITY/SURETY

1.	Prior	XXX	XXX	XXX	XXX	N O N E	
2.	2007	XXX	XXX	XXX	XXX		XXX	XXX	
3.	2008	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX	
4.	TOTALS											

SCHEDULE P - PART 2L

OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1.	Prior	XXX	XXX	XXX	XXX	N O N E	XXX
2.	2007	XXX	XXX	XXX	XXX		XXX	XXX
3.	2008	XXX	XXX	XXX	XXX		XXX	XXX	XXX	XXX
4.	TOTALS										

SCHEDULE P - PART 2M

INTERNATIONAL

1.	Prior												
2.	1999												
3.	2000	XXX											
4.	2001	XXX	XXX										
5.	2002	XXX	XXX	XXX		NONE							
6.	2003	XXX	XXX	XXX	XXX								
7.	2004	XXX	XXX	XXX	XXX								
8.	2005	XXX	XXX	XXX	XXX								
9.	2006	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10.	2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11.	2008	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12.	TOTALS												

SCHEDULE P - PART 2N - REINSURANCE
NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
		1	2	3	4	5	6	7	8	9	10	11	12
		1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	One Year	Two Year
1.	Prior												
2.	1999												
3.	2000	X X X ..											
4.	2001	X X X ..	X X X ..										
5.	2002	X X X ..	X X X ..	X X X ..									
6.	2003	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2004	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2007	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2O - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY

1.	Prior												
2.	1999												
3.	2000	X X X ..											
4.	2001	X X X ..	X X X ..										
5.	2002	X X X ..	X X X ..	X X X ..									
6.	2003	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2004	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2007	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2P - REINSURANCE
NONPROPORTIONAL ASSUMED FINANCIAL LINES

1.	Prior												
2.	1999												
3.	2000	X X X ..											
4.	2001	X X X ..	X X X ..										
5.	2002	X X X ..	X X X ..	X X X ..									
6.	2003	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2004	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2007	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2R - SECTION 1
PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred		INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									DEVELOPMENT		
		1	2	3	4	5	6	7	8	9	10	11	12
		1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	One Year	Two Year
1.	Prior												
2.	1999												
3.	2000	X X X											
4.	2001	X X X	X X X										
5.	2002	X X X	X X X	X X X		N O N E							
6.	2003	X X X	X X X	X X X	X X X								
7.	2004	X X X	X X X	X X X	X X X								
8.	2005	X X X	X X X	X X X	X X X								
9.	2006	X X X	X X X	X X X	X X X	X X X	X X X	X X X					
10.	2007	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X			X X X	
11.	2008	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
12.	TOTALS												

SCHEDULE P - PART 2R - SECTION 2
PRODUCTS LIABILITY - CLAIMS-MADE

1.	Prior												
2.	1999												
3.	2000	X X X ..											
4.	2001	X X X ..	X X X ..										
5.	2002	X X X ..	X X X ..	X X X ..									
6.	2003	X X X ..	X X X ..	X X X ..	X X X ..	N O N E							
7.	2004	X X X ..	X X X ..	X X X ..	X X X ..								
8.	2005	X X X ..	X X X ..	X X X ..	X X X ..								
9.	2006	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..					
10.	2007	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..				X X X ..
11.	2008	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..	X X X ..		X X X ..	X X X ..
12.	TOTALS												

SCHEDULE P - PART 2S
FINANCIAL GUARANTY/MORTGAGE GUARANTY

1.	Prior	X X X ..	X X X ..	X X X ..	X X X ..		N O N E			X X X ..				X X X ..
2.	2007	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..				X X X ..
3.	2008	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..	X X X ..			X X X ..
4.	TOTALS													

SCHEDULE P - PART 2T
WARRANTY

1.	Prior	X X X ..	X X X ..	X X X ..	X X X ..		N O N E			X X X ..				X X X ..
2.	2007	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..				X X X ..
3.	2008	X X X ..	X X X ..	X X X ..	X X X ..					X X X ..	X X X ..			X X X ..
4.	TOTALS													

INDEX TO HEALTH
ANNUAL STATEMENT

Exhibit of Nonadmitted Assets	16
Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 - Part 1 - Summary of Transactions With Providers	23
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	23
Exhibit 8 - Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	41
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI11
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E18
Schedule DB - Part A - Section 3	E19
Schedule DB - Part A - Verification Between Years	SI12
Schedule DB - Part B - Section 1	E19
Schedule DB - Part B - Section 2	E20
Schedule DB - Part B - Section 3	E20
Schedule DB - Part B - Verification Between Years	SI12
Schedule DB - Part C - Section 1	E21
Schedule DB - Part C - Section 2	E21
Schedule DB - Part C - Section 3	E22

INDEX TO HEALTH
ANNUAL STATEMENT

Schedule DB - Part C - Verification Between Years	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Part D - Section 3	E23
Schedule DB - Part D - Verification Between Years	SI13
Schedule DB - Part E - Section 1	E24
Schedule DB - Part E - Verification	SI13
Schedule DB - Part F - Section 1	SI14
Schedule DB - Part F - Section 2	SI15
Schedule E - Part 1 - Cash	E25
Schedule E - Part 2 - Cash Equivalents	E26
Schedule E - Part 3 - Special Deposits	E27
Schedule E - Verification Between Years	SI16
Schedule S - Part 1 - Section 2	30
Schedule S - Part 2	31
Schedule S - Part 3 - Section 2	32
Schedule S - Part 4	33
Schedule S - Part 5	34
Schedule S - Part 6	35
Schedule T - Part 2 - Interstate Compact	37
Schedule T - Premiums and Other Considerations	36
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	39
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	40
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14